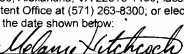
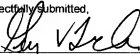


**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Alston et al.	Group No: 3771
Application No: 10/714,511 Confirmation No. 9835	Examiner: Dixon, Annette Fredricka
Filed: November 14, 2003	Attorney Docket No: 53305-US-CNT (NV.0175.00)
Title: AEROSOLIZATION APPARATUS WITH NON-CIRCULAR AEROSOLIZATION CHAMBER	January 11, 2010 San Francisco, CA 94107

Mail Stop Appeal Briefs-Patents Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<b>Extension of Time</b> <input type="checkbox"/> Applicant petitions for an extension of time under 37 C.F.R. 1.136																	
<b>Via EFS</b>  <input type="checkbox"/> Response to Final Office Action <input checked="" type="checkbox"/> Appeal Brief <input type="checkbox"/> Notice of Appeal (Form PTO/SB31) <input type="checkbox"/> Drawings <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> PTO-SB08 Form <input type="checkbox"/> Citations <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Postcard for Return	<table border="1"> <tr> <th rowspan="2">Extension (Months)</th> <th colspan="2">Extension Fee</th> </tr> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <td><input type="checkbox"/> One Month</td> <td>\$130.00</td> <td>\$65.00</td> </tr> <tr> <td><input type="checkbox"/> Two Months</td> <td>\$490.00</td> <td>\$245.00</td> </tr> <tr> <td><input type="checkbox"/> Three Months</td> <td>\$1,110.00</td> <td>\$555.00</td> </tr> <tr> <td align="right" colspan="3"><b>Total \$ 0.00</b></td> </tr> </table> <input checked="" type="checkbox"/> Applicant believes that no extension of term is required. However, this conditional petition is being made in case applicant has inadvertently overlooked the need for a petition for extension of time.	Extension (Months)	Extension Fee		Large Entity	Small Entity	<input type="checkbox"/> One Month	\$130.00	\$65.00	<input type="checkbox"/> Two Months	\$490.00	\$245.00	<input type="checkbox"/> Three Months	\$1,110.00	\$555.00	<b>Total \$ 0.00</b>		
Extension (Months)	Extension Fee																	
	Large Entity	Small Entity																
<input type="checkbox"/> One Month	\$130.00	\$65.00																
<input type="checkbox"/> Two Months	\$490.00	\$245.00																
<input type="checkbox"/> Three Months	\$1,110.00	\$555.00																
<b>Total \$ 0.00</b>																		

Fees for Extra Claims						
	Claims remaining after amendment	Highest number previously paid for	Number Extra	Rate		Additional Fee
				Large Entity	Small Entity	
Total Claims	44	44	0	\$52.00	\$26.00	\$0.00
Independent Claims	4	4	0	\$220.00	\$110.00	\$0.00
Multiple Dependent Claims	0	0	0	\$390.00	\$195.00	\$0.00
Supplemental Information Disclosure Statement						
<b>Total</b>						<b>\$0.00</b>

<b>Fee Payment</b> <table border="1"> <tr> <td>Appeal Brief</td> <td align="center">\$540.00</td> </tr> <tr> <td>Fees for Extra Claims</td> <td align="center">\$0.00</td> </tr> <tr> <td><b>Total</b></td> <td align="center"><b>\$540.00</b></td> </tr> </table>	Appeal Brief	\$540.00	Fees for Extra Claims	\$0.00	<b>Total</b>	<b>\$540.00</b>	<b>Fee Deficiency</b> <input checked="" type="checkbox"/> If any additional extension and/or fee is required, please charge Deposit Account No. 10-0258. and/or <input checked="" type="checkbox"/> If any additional fee for claims is required, please charge Deposit Account No. 10-0258.
Appeal Brief	\$540.00						
Fees for Extra Claims	\$0.00						
<b>Total</b>	<b>\$540.00</b>						
<input type="checkbox"/> Attached is check no. _____ in the sum of \$0.00. <input checked="" type="checkbox"/> Please charge Deposit Account No. 10-0258 in the sum of <b>\$540.00</b> . <b>CERTIFICATE OF TRANSMISSION (37 C.F.R. § 1.8a)</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; facsimile transmitted to the U.S. Patent Office at (571) 263-8300; or electronically submitted via EFS on the date shown below: By:  Date: <u>January 11, 2010</u> Melanie Hitchcock	Please direct telephone calls to: Guy V. Tucker at (415) 538-1555 Please send correspondence to: NOVARTIS Corporate Intellectual Property One Health Plaza 104/3 East Hanover, NJ 07936-1080 Respectfully submitted,  By: <u>Guy V. Tucker</u> Date: <u>January 11, 2010</u> Registration No. 45,302						